

Introduction

Community Diagnosis is a community-based, community-owned process to assess the health status of Tennesseans. The Greene County Health Council was formed to conduct the community diagnosis process and future health planning. The Community Development Program of the Northeast Tennessee Department of Health, facilitates this community diagnosis, assessment process, and resulting health planning among all county health councils in the Northeast Tennessee region. The Greene County Health Council conducted a community survey, reviewed various data sets and evaluated resources in the community to identify areas of concern that affect the health of Greene County citizens.

Health issues for Greene County were identified from the data sources and prioritized for size, seriousness, and effectiveness of intervention. As a result of the assessment process, the health council is developing Action Strategies for Greene County to address the priority problems identified. The Action Strategies Report, to be published next year, will contain goals to improve the health of Greene County residents.

The Council and Its Mission:

The Greene County Health Council is a long-standing council made up of members who broadly represent its citizens (please see Appendix A for a complete list of council members and the diverse areas they represent). All share a strong desire to promote the highest level of health and well being for all residents of Greene County.

The mission of the council in conducting Community Diagnosis is to develop a community-based, community-owned, and community-directed process to . . .

- ♦ Analyze the health status of the community.
- ♦ Evaluate health resources, services, and systems of care within the county.
- ♦ Assess attitudes toward community health services and issues.

- ♦ Identify priorities, establish goals, and determine courses of action to improve the health status of the community.
- ♦ Establish a baseline for measuring improvement over time.

Benefits of Community Diagnosis for the community include:

- ♦ Providing communities the opportunity to participate in directing the course of health services and delivery systems.
- ♦ Involving communities in development of health strategies which are directly responsive to the community's needs and are locally designed, implemented, and monitored.
- ♦ Providing justification for budget improvement requests, a foundation of information for seeking grants, and a tool for use in promoting public relations.
- ♦ Providing, at the local level, current health information and coordination of strategies to the Regional Health Council and to state-level programs and their regional office personnel.
- ♦ Serving health planning and advocacy needs at the community level. Here the community leaders, organizations, and local health departments provide leadership to ensure that documented community health problems are addressed.

This document provides a description of community diagnosis activities to-date. Data will be described with emphasis on important issues identified by the council. This report concludes with Greene County's resulting priority health concerns as identified through the Community Diagnosis process. These priority health concerns include adolescent pregnancy, child abuse and neglect, and alcohol and drug use.

TABLE OF CONTENTS

I.	County Description	1
II.	Needs Assessment Data:	
A.	Community Stakeholder Survey	1
B.	Behavioral Risk Factor Survey	2
C.	Health Resource Inventory	3
D.	Vital Statistics/Health Status Data	4
E.	Other Secondary Data Sources	6
III.	Health Issues & Priorities	6
IV.	Future Health Planning	7



APPENDIX

APPENDIX A: List of Greene County Council Members & Areas Represented

Community Diagnosis



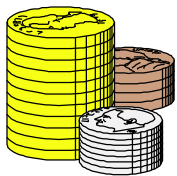
Greene County Health Council - Community Diagnosis Report
Prepared April 1998 by Community Development/Assessment & Planning Program
Northeast Tennessee Regional Health Office

I. County Description

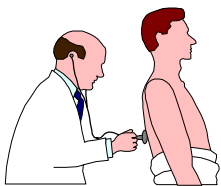


Greene County is located in Northeast Tennessee, 70 miles northeast of Knoxville. Greene

County is bordered on the north by Hawkins County, on the east by Washington County, on the south by North Carolina and on the west by Hamblen and Cocke Counties. Of a 1996 population of 58,613 citizens, this county has one incorporated town (Greeneville) with 14,059 inhabitants. Other communities in Greene County include Baileyton (319 people), Mosheim (1,591 people), and Tusculum (2,067 people). The County has the largest land area in the Northeast Tennessee Region, with a land area of 621.8 square miles and approximately 94 people per square mile. Between 1990 and 1996 the county recorded a 4.9% growth in population. Greene County's population is predominately white (around 97%) with roughly 3% of the population classified as minority. The majority of Greene County's citizens are between the age of 25 and 44 years, and the age distribution of the population is similar to the rest of the state of Tennessee.



Greene County had a per capita income of \$14,606 in 1993 and \$15,347 in 1994 for a 5.1% change. The median household income for 1993 was an estimated \$24,280. In 1993, an estimated 11,155 people (19.5% of the population) were living in poverty in Greene County.



Greene County has two hospitals located in Greeneville. The county currently has one school-based clinic located in Baileyton. There are approximately 33 primary care physicians in Greene County; 8 of these accept TennCare. Approximately four of the 22 dentists who practice in Greene County accept TennCare.

II. Needs Assessment Data

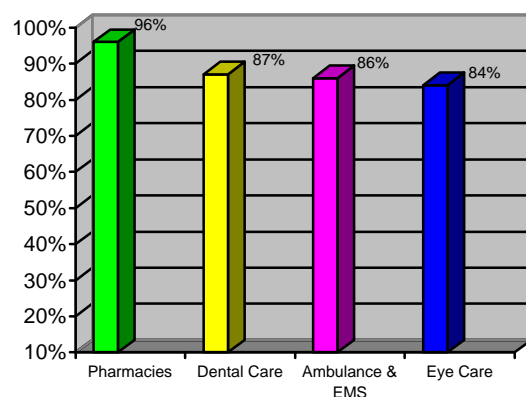
A. Community Stakeholder Survey

The Stakeholder Survey provides a profile of perceived health care needs and problems facing the community stakeholders who respond to the survey. We see council members and other residents alike as having a stake in the overall improvement of this county's health status and health care. This survey includes questions about the adequacy of availability, accessibility, and level of satisfaction regarding health care services in the community. The Community Stakeholder Survey is not a scientific random sample of the community; rather, its purpose is to obtain subjective perceptions of health care from a cross section of the community. It is one of two sources of primary data used in the community diagnosis process.

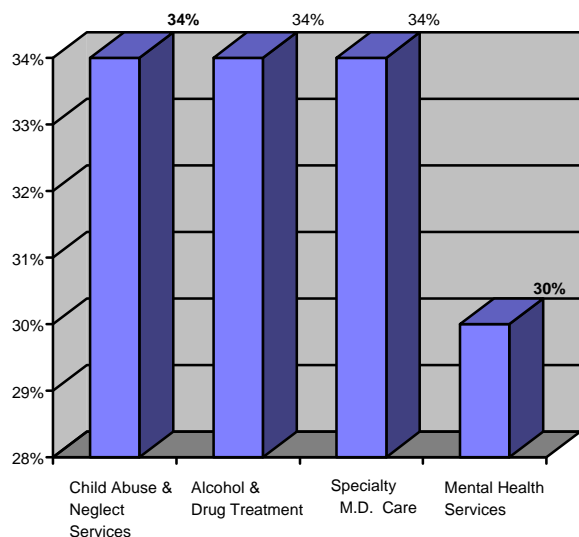
The Stakeholder Survey was distributed to Greene County Health Council members in addition to a wide variety of community residents. The stakeholders included both the users and providers of health care services.

Of the 100 respondents to the survey, 63% were female. Respondents were predominately white, married, and 58% of them had lived in the county more than 20 years.

Of several *Health Care Services* in the community respondents perceived the availability of the vast majority to be Adequate or Better. Services considered most adequate of availability by the highest percentages of respondents included:



Most respondents were *Satisfied or Better* with **Physician Care/Services**; the only exceptions included the following **Health Care Services** that were rated *Available but Not Adequate* by the highest percentages of respondents:



Most respondents were *Satisfied or Better* with the physician care/services in Greene County on such factors as accessibility, reputation, convenience, facility & equipment (79%), and cost (64%). The service that respondents rated as least satisfactory was emergency room care (21% of respondents dissatisfied). The majority of respondents were very satisfied to satisfied with their local health department. Health Department Services that respondents were not familiar with included family planning, maternity care services, and services for children with special needs.

Based on survey results, the council recommended making the community more aware of, and improving delivery of, the following services:

- ◆ mental health services
- ◆ alcohol & drug abuse treatment
- ◆ child abuse/neglect services
- ◆ health promotion services
- ◆ specialized physician care

B. Behavioral Risk Factor Survey

The Behavioral Risk Factor Survey (BRFS) is a scientifically-conducted, random sample telephone survey, weighted to the county's population characteristics. The survey was conducted by the University of Tennessee, Knoxville, Community Health Research Group and is modeled after the BRFS conducted by the Centers for Disease Control. This BRFS collects information from adults on health behaviors and preventive practices related to several leading causes of death such as chronic diseases, injury, and HIV infection.

A sample size of 202 residents was collected from Greene County residents, creating a representative sample of county residents for estimating county risk factors. Of the respondents, 98% were white, 61% were married, and 58% had no children. Fifty percent (50%) were wage earners. Forty-two percent of respondents earned \$20,000 or less per year.

The council reviewed survey data on several lifestyle and health-related indicators. The table below lists selected health indicators with the corresponding percentages for the Greene County respondents and compares them with the Goals set by Healthy People 2000:

Reported Health Indicator	% of Respondents; Greene County	HP 2000 Goal
Smoking; Current, Everyday	27%*	15%
Overweight*	18%**	20%***
Diabetes	8%	2.5%
Pap Smears	93%	85%
Mammograms	58%	60%

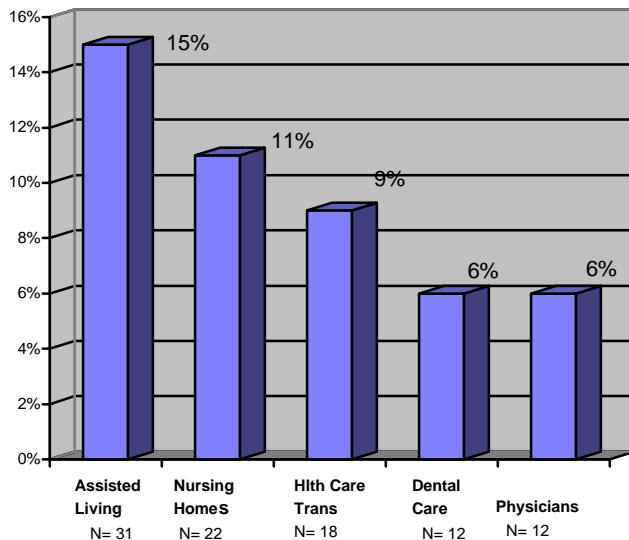
*Highest percentage (76%) under 30 years of age

**Have been advised to lose weight by their M.D.

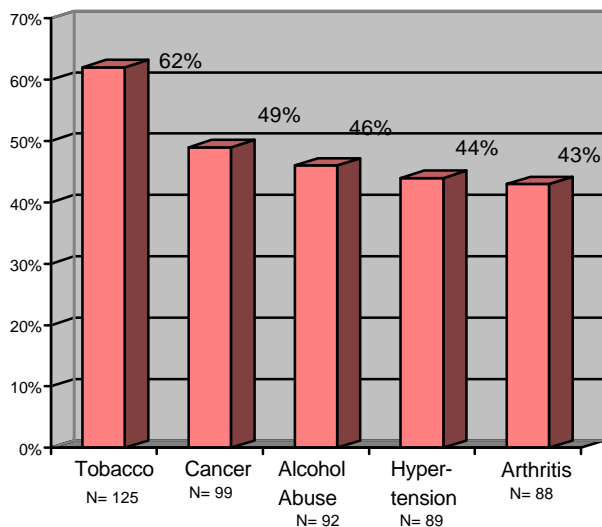
***HP 2000's goal for obesity

The BRFS also collects opinion data on **Access to Health Care/Environmental Issues** and **Community Issues**. The top issues identified by respondents as *Definite Problems* in each category are presented in two charts below:

Ch. 1 Access/Environmental Issues: % Saying 'Definite Problem'



Ch. 2 Community Issues: % Saying 'Definite Problem'*



*Teen Pregnancy was identified as a definite problem by 43% (87) of respondents.

Based on the information analyzed in this survey, the council identified six main areas of concern, developing recommendations for addressing the following risk behaviors in order to improve the overall health of community residents:

- ◆ Diabetes
- ◆ Obesity

- ◆ Sedentary Lifestyle
- ◆ Smoking
- ◆ Seat Belt Usage
- ◆ Alcohol Abuse

The Council felt that the concerns listed above involved behaviors that would have the greatest impact over time, thereby reducing cost of health care.

C. Health Resource Inventory

The council conducted an inventory of health and health-related services and resources for the primary purpose of identifying any gaps or inadequacies/areas of improvement in services. Several services and resources were found to be available and very adequate for the needs of the community. The council found the following services to be *adequate*, but had various *recommendations* for improving the adequacy, accessibility, or quality of the services:

- Civic Organizations
- Clinics
- Dentists
- Group Homes
- HMOs
- Home Health Services
- Hospitals
- Human Services
- Pharmacies
- Physicians
- Rehabilitation Services
- Pregnancy Services
- EMS Services

Particular areas of health and health-related service in need of improvement were:

- ◆ **Nursing Homes:** Need for a facility to serve people with incomes of \$11,660 and above.
- ◆ **Assisted Living:** Many disabled and/or elderly individuals who live privately need assistance with everyday activities such as home maintenance and/or errands. Assisted living services could enable such people to live independently longer.

- ◆ **Child Care:** Child care for second and third shift workers is needed. Day care facilities also have long waiting lists. Sick child care is another problem for many working parents in Greene County.
- ◆ **Mental Health Services:** Waiting lists, process changes, and the need for funding were all cited as concerns.
- ◆ **Law Enforcement:** The City of Greeneville has adequate coverage, but due to the county's expansive geographic size, response time is lengthy.
- ◆ **Alcohol & Drug Treatment Services:** Treatment is difficult to access and prevention and education outreach is needed.

The council recognized a future need for the development and distribution of a comprehensive directory of health resources since many services were available, yet many citizens in the county did not know how to access needed community and health care services.

D. Vital Statistics/Health Status Data

This secondary data (information already collected from other sources for other purposes) provides the council with information about the health status of their community. It was assembled by the State Office of Assessment & Planning and compiled by the Community Development Program, Northeast Region, for the council's analysis.

Vital statistics cover pregnancy & birth, mortality, and morbidity information for the county, region, and state; each set of information is separated into the categories of *All Races*, *Non-white* and *White*. These statistics are made available in three-year moving averages, which smooth trend lines and eliminate wide fluctuations ('spikes' and 'valleys') in year-to-year rates that distort true trends. Ten (10) three-year averages are made available for each health indicator, occurrence, or event for use in examining significant trends in those health indicators. Where applicable,

vital statistics comparing the county, region, and state were also compared by the council with the nation's "Healthy People 2000" objectives.

Due to the low minority population (3%) in Greene County, most of the information was not broken down by race for the purposes of the analysis. Data were compared to the corresponding data for the Northeast Tennessee Region, as well as for the State of Tennessee.

Two separate subcommittees were formed to examine health statistics. One group, the *morbidity and mortality health statistics subcommittee*, examined the leading causes of disease and death in Greene County. Another group, the *pregnancy and birth statistics subcommittee* examined information on prenatal care, births, infant deaths, and the number of pregnancies in the county. Each subcommittee reported results to the full council separately and made recommendations specific to their analysis.

Each subcommittee received data on the county, as compared to the region and the state, over the ten sets of 3-year averages (11 years of data). The *pregnancy and birth statistics subcommittee* received specific information for the following health status indicators:

- GENERAL FERTILITY RATE (# births per 1,000 females age 10-44)
- PERCENT OF BIRTHS TO UNWED FEMALES AGES 10-44
- FETAL DEATHS PER 1,000 FEMALES AGES 10-44
- # FETAL DEATHS OCCURRING TO UNWED FEMALES AGES 10-44
- NEONATAL DEATH RATES PER 1,000 LIVE BIRTHS FEMALES AGES 10-44
- POSTNEONATAL DEATH RATES PER 1,000 LIVE BIRTHS
- LOW BIRTHWEIGHT
- PREGNANCY RATE IN FEMALES (WED AND UNWED) AGES 10-44
- % BIRTHS WITH ONE OR MORE MATERNAL RISK FACTORS FEMALES AGES 10-44

After the council's analysis of the birth information listed above, the following areas of particular notice or concern were identified by the council:

- *Average Percent of Pregnancies among Unwed Mothers 1992 to 1994 (Table 1)*
- *High Adolescent Pregnancy rate in comparison to state in 1995 (Table 2)*
- *Higher average percentages of low infant birth weight than the state or the region 1992-1994 (Table 3)*
- *Lower Maternal Weight Gain than Region or State 1992-1994 (Table 4)*

TABLE 1- Average % Pregnancies in Unwed Mothers Ages 10-44, 1992-1994

Location	Total #	Rate per 1,000 Females	% Unwed
Greene County	747	53.8	31.9*
NE TN Region	3,823	55.4	30.4
Tennessee	65,795	62.3	29.9

*Represents a 22% increase over 1983-1985 period

TABLE 2 - Pregnancy/Birth Rate in Females Ages 10-17, 1995

Location	Pregnancy Rate per 1,000 Females	Birth Rate per 1,000 Females
Greene County	19.7	17.2
Tennessee	17.1	12.5

TABLE 3- % Births-Low Infant Birth Weight, 1992-1994

Location	% Low Birth Weight
Greene County	8.2*
Northeast TN Region	7.3
Tennessee	7.0

*Information represents an 18.8% increase over the 1983-1985 average percentages and is 64% greater than Healthy People 2000 Objective of 5 deaths per 1,000 births.

TABLE 4- % Live Births w/ Maternal Risk Factors, 1992-1994

Risk Factor	County	Region	State
Mother's Weight Gain < 15 Lbs.:			
All Ages	11.9	9.0	7.3
10-17 Years	3.6	6.2	5.8
18-19 Years	9.4	8.0	6.4

The Morbidity and Mortality Health Statistics Subcommittee reviewed data from the following indicators:

- **LEADING CAUSES OF DEATH:** Age Specific Mortality Rates and Years of Life Lost
- **AGE-ADJUSTED CANCER INCIDENCE:** Rates by All Sites, Lung, Prostate, Female Breast, Colon, and Bladder
- **MOTOR VEHICLE (MV) DEATHS**
- **ACCIDENTAL/NON-MV DEATHS**
- **VIOLENT DEATHS**
- **SEXUALLY TRANSMITTED DISEASES**
- **TUBERCULOSIS**
- **VACCINE-PREVENTABLE DISEASES**

Based on the data from the above mentioned categories, the council determined that the following were areas of concern:

- Accidents and Adverse Effects
- Cancer
- Heart Disease
- Suicide

The table below lists the areas of concern ranked by number of productive Years of Life Lost (YLL). YLL is based on the number of productive years a person loses due to premature death, based on the assumption that each person has a productive life of 65 years.

TABLE 5- 1992-1994 Mortality Rates & YLL for Leading Causes

Cause of Death	Rate per 100,000	Total YLL
Accidents & Adverse Effects: (Ages 15-24) (Ages 25-44)	114.9 52.3	730
Cancer: (Ages 25-44)* (Ages 45-64)	48.2 292.6	535
Heart Disease: (Ages 25-44) (Ages 45-64)	30.1 312.2	480
Suicide: (Ages 15-24) (Ages 25-44)*	22.1 30.1	235

*Rate has increased steadily since 1989-1991.

Additionally, the council felt that the numbers of *Chlamydia*, the most commonly sexually transmitted disease in the U.S., were higher than the reported rates. Although the council noted an increase of 4.2 average cases per

100,000 from 1989 to 1991 to 38.4 average cases per 100,000 from 1992 to 1994, they felt that Chlamydia data had not been collected long enough as of the time of their analysis to reflect the true number of cases.

E. Other Secondary Data Sources

In addition to sources of data already cited, the Greene County Health Council used information from other various sources, weighing the information and statistics analyzed against county demographics, manpower information, managed care information, and utilization information. Currently, the council continues to assess more and more current information from these additional sources in planning and reassessment of changes in the health of the community.

Some of the additional sources of information which contributed, and continues to contribute, to the council's diagnosis of health status and health care in Greene County include: the First Tennessee Development District "FACTS" Publication; the Tennessee Commission on Children and Youth "Kids Count" report; the U.S. Department of Commerce/Bureau of the Census; the Tennessee Department of Health (TDH)/Office of Health Statistics & Information "Tennessee's Health: Picture of the Present" report; the TDH & University of Tennessee Community Health Research Group "HIT" Internet Website.

Please visit the Health Information of Tennessee ('HIT') website where county-specific health data is continually being expanded and updated. The address is:

WWW.SERVER.TO/HIT

At this address you may submit custom queries on health data by going to Statistical Profiling of Tennessee ('SPOT').

III. Health Issues & Priorities

After a review of available data, the council compiled and defined key health issues, which had been identified throughout the Community

Diagnosis process. The list below outlines the concerns from each of the four analysis areas. Concerns are not listed in order of importance or severity:

Stakeholder	BRFS	Health Statistics	Health Resource Inventory
Access to Care	Diabetes	Accidents*	Nursing Homes
Cost of Care	Obesity	Cancer*	Child Care
Elderly Services, Meals on Wheels, Nursing Homes	Lack of Exercise	Heart Disease*	Sick Child Care
Specialty MDs	Smoking	Suicide*	
Preventive Health Programs	Seat Belt Use	Chlamydia*	
Local Hospital Cost, Inpatient Surgery, ER Service, Cost	Alcohol Abuse	Teen Pregnancy+	
Child Abuse & Neglect		Prenatal Care+	
Alcohol & Drug Treatment		Low Birthweight+	
Mental Health Services			

**From Morbidity and Mortality Health Statistics Subcommittee*

+From Pregnancy and Birth Statistics Subcommittee

The council then prioritized these key issues on the basis of the size of population impacted, the seriousness of the health concern, and the effectiveness of potential interventions. Because of the first-hand knowledge council members possessed about various key health issues and their familiarity with effects key health issues had on their community, a relatively straightforward process of multi-voting was used to rank issues in order of priority for being addressed through strategic planning efforts.

Priority health concerns that the Greene County Health Council determined through the initial Community Diagnosis assessment process are listed on the following page.

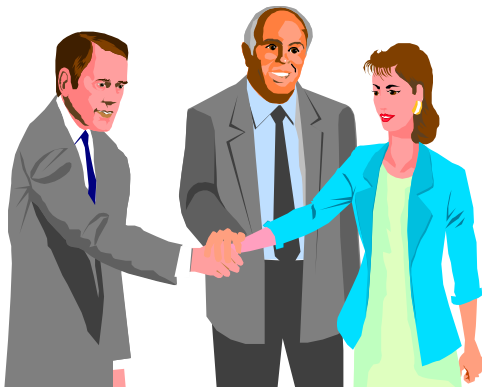
***Greene County Health Council
Priority Health Concerns:***

- **Child Abuse/Neglect**
- **Alcohol and Drug Use**
- **Teen Pregnancies**
- **Mental Health**
- **Health Promotion**
- **Tobacco/Smoking**
- **Obesity**
- **Disease Processes**
- **Child Care**
- **Alcohol Abuse**
- **Seat Belt Usage**
- **Public Health Education**

IV. Future Health Planning

The Greene County Health Council slated a strategic planning subcommittee that is responsible for the development of strategies to address the above priority concerns. They will present their strategic plans to the full council for development and approval.

With the council's assessment efforts documented herein, future reports will include a document that describes the council's action strategies, as well as another document that will report results of the strategic plan(s). The third results document will also report changes in specific health indicators, and/or any changes in vital statistics trends or health care services.



APPENDIX

APPENDIX A

The Greene County Health Council:



Teresa Kidd, Ph.D. (Chairperson)	<i>Frontier Mental Health Services</i>
Kathy Austin	<i>Community Representative</i>
Terry Bellamy	<i>YMCA</i>
Mary Sue Brakebill	<i>Department of Human Services</i>
Alan Broyles	<i>Greene County Executive</i>
Robert Diez d'Aux, M.D.	<i>Local Provider</i>
Reverend Mike Feely	<i>Asbury United Methodist Church</i>
Don Fink	<i>Community Representative</i>
Mike Gentry	<i>Takoma Adventist Hospital</i>
Cynthia Harris	<i>Community Representative</i>
Donna Heffernan	<i>Greene County School System</i>
Stephen Long	<i>Greeneville City School System</i>
Arthur Masker	<i>Holston Home for Children</i>
Sam Miller, CPA	<i>Consumer Credit Union</i>
Jackie Neas, R.N.	<i>Greene County Health Department</i>
Harry Nelson, M.D.	<i>Local Provider</i>
Susan Price	<i>Laughlin Memorial Hospital</i>
William Smith	<i>Greene County Health Department</i>
Sharon Suggs	<i>Community Representative</i>
Reverend Thomas Sweatt	<i>Neighborhood Service Center</i>
Page Temple	<i>Area Health Education Center</i>
Chuck Whitfield	<i>Laughlin Memorial Hospital</i>

❖ **For more information about the Community Diagnosis assessment process, please contact council members or the Northeast Community Development Staff at (423) 439-5900.**